

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps	COURT CASE NUMBER						
DEFENDANT Ohana Growth Partners, LLC. et al	TYPE OF PROCESS Personal						
SERVE AT { <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Ohana Growth Partners, LLC. ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 212 West Padonia Road Timonium Maryland 21093 </div>							
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW							
Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Number of process to be served with this Form 285</td> <td style="width:20%; text-align: right;">29</td> </tr> <tr> <td>Number of parties to be served in this case</td> <td style="text-align: right;">29</td> </tr> <tr> <td>Check for service on U.S.A.</td> <td style="text-align: right;">X</td> </tr> </table>	Number of process to be served with this Form 285	29	Number of parties to be served in this case	29	Check for service on U.S.A.	X
Number of process to be served with this Form 285	29						
Number of parties to be served in this case	29						
Check for service on U.S.A.	X						
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Office Hours - Service to Company (1), and six (6) individuals. Personal Address' are not currently available.							

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
--	---	---	---------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Brick, C. Victor	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 212 West Padonia Road Timonium Maryland 21093	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285 29
Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of parties to be served in this case 29
		Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Office Hours - Service to Company (1), and six (6) individuals. Personal Address' are not currently available.

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
--	---	----------------------------------	--------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Norris, Glenn	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 212 West Padonia Road Timonium Maryland 21093	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Office Hours - Service to Company (1), and six (6) individuals. Personal Address' are not currently available.

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
--	---	----------------------------------	--------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Drummond, Justin	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 212 West Padonia Road Timonium Maryland 21093	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Office Hours - Service to Company (1), and six (6) individuals. Personal Address' are not currently available.

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps <small>Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:36:13 -05'00'</small>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
---	---	----------------------------------	--------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Ihle, Earl	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 212 West Padonia Road Timonium Maryland 21093	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Office Hours - Service to Company (1), and six (6) individuals. Personal Address' are not currently available.

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
--	---	----------------------------------	--------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Woods, Terry	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 212 West Padonia Road Timonium Maryland 21093	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Office Hours - Service to Company (1), and six (6) individuals. Personal Address' are not currently available.

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
--	---	----------------------------------	--------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps	COURT CASE NUMBER						
DEFENDANT Ohana Growth Partners, LLC. et al	TYPE OF PROCESS Personal						
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Hartman, Richard						
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 212 West Padonia Road Timonium Maryland 21093						
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221	<table border="1"> <tr> <td>Number of process to be served with this Form 285</td> <td>29</td> </tr> <tr> <td>Number of parties to be served in this case</td> <td>29</td> </tr> <tr> <td>Check for service on U.S.A.</td> <td>X</td> </tr> </table>	Number of process to be served with this Form 285	29	Number of parties to be served in this case	29	Check for service on U.S.A.	X
Number of process to be served with this Form 285	29						
Number of parties to be served in this case	29						
Check for service on U.S.A.	X						

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Office Hours - Service to Company (1), and six (6) individuals. Personal Address' are not currently available.

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:37:47 -05'00'	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
--	---	----------------------------------	--------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Wittelsberger, Stacey R. / Exeter Street Capital Partners	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 509 South Exeter Street, Suite 210 Baltimore Maryland 21202	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Office Hours - Service to Companies (2) OR Individuals (2) Personal Address' are not currently available.

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps <small>Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:38:15 -05'00'</small>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
--	---	----------------------------------	--------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER	
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Bryan, Charles A. \ Bengur Bryan		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 509 South Exeter Street, Suite 210 Baltimore Maryland 21202		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285	29
		Number of parties to be served in this case	29
		Check for service on U.S.A.	X
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Office Hours - Service to Companies (2) OR Individuals (2) Personal Address' are not currently available.			

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:38:49 -05'00'		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____
Date _____				
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.				
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)				
Name and title of individual served (if not shown above)			Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)			Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER ,
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Miles & Stockbridge, P.C.	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 100 Light Street Baltimore Maryland 21202	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Office Hours - Service to Company AND Individuals (5) Personal Address' are not currently available.

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:39:19 -05'00'	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
---	---	----------------------------------	--------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date _____	Time _____ <input type="checkbox"/> am _____ <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy _____	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Brennen, Robert S.	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 100 Light Street Baltimore Maryland 21202	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Office Hours - Service to Company AND Individuals (5) Personal Address' are not currently available.

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps <small>Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:39:54 -05'00'</small>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
---	---	----------------------------------	--------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Frenkil, Stephen D.	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 100 Light Street Baltimore Maryland 21202	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Office Hours - Service to Company AND Individuals (5) Personal Address' are not currently available.

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps <small>Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:40:24 -05'00'</small>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
---	---	----------------------------------	--------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Butler, Holly D.	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 100 Light Street Baltimore Maryland 21202	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Office Hours - Service to Company AND Individuals (5) Personal Address' are not currently available.

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
--	---	----------------------------------	--------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Duvall, Jessica L.	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 100 Light Street Baltimore Maryland 21202	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):
Office Hours - Service to Company AND Individuals (5) Personal Address' are not currently available.

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:41:24 -05'00'	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
---	---	----------------------------------	--------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Levett, Daniel J. \ Hartman Executive Advisors	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1954 Greenspring Drive, Suite 320, Timonium Maryland 21093	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):
Office Hours - Service to Company (1) OR Individual (1) Personal Address' are not currently available.

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps <small>Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:41:51 -05'00'</small>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
--	---	----------------------------------	--------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Romes, Randall \ Clifton larson Allen LLC	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1966 Greenspring Drive, Suite 300, Timonium Maryland 21093	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Office Hours - Service to Company (1) OR Individual (1) Personal Address' are not currently available.

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:42:20 -05'00'	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
---	---	----------------------------------	--------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Stringer, H. Patrick	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 200 Saint Paul Place Baltimore Maryland 21202	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Office Hours - Service to State of Maryland (1) AND Individuals (12)

Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:42:52 -05'00'	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
---	---	----------------------------------	--------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Robinson, Dennis M. Jr.	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 200 Saint Paul Place Baltimore Maryland 21202	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Office Hours - Service to State of Maryland (1) AND Individuals (12)

Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
--	---	----------------------------------	--------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Barranco, Michael S.	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 200 Saint Paul Place Baltimore Maryland 21202	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Office Hours - Service to State of Maryland (1) AND Individuals (12)

Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF

Signature of Attorney other Originator requesting service on behalf of:

Ryan Dillon-Capps

Digitally signed by Ryan Dillon-Capps
Date: 2024.12.17 19:43:45 -05'00'

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

703-303-1113

DATE

12/17/2024

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Mayer, Stacey A.	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 200 Saint Paul Place Baltimore Maryland 21202	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue. Essex Maryland 21221		Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Office Hours - Service to State of Maryland (1) AND Individuals (12)

Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:44:17 -05'00'	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
---	---	----------------------------------	--------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Battista, Andrew M.	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 200 Saint Paul Place Baltimore Maryland 21202	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Office Hours - Service to State of Maryland (1) AND Individuals (12)

Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF

Signature of Attorney other Originator requesting service on behalf of:

Ryan Dillon-Capps

Digitally signed by Ryan Dillon-Capps
Date: 2024.12.17 19:44:47 -05'00'

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

703-303-1113

DATE

12/17/2024

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------	--------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps	COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al	TYPE OF PROCESS Personal

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Alexander, Jan M.
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
200 Saint Paul Place Baltimore Maryland 21202

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221	Number of process to be served with this Form 285 29
	Number of parties to be served in this case 29
	Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Office Hours - Service to State of Maryland (1) AND Individuals (12)
Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps <small>Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:45:16 -05'00'</small>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
--	---	----------------------------------	--------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy _____	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Truffer, Keith R.	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 200 Saint Paul Place Baltimore Maryland 21202	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Office Hours - Service to State of Maryland (1) AND Individuals (12)
Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
--	---	----------------------------------	--------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------------	--------------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DeSimone, Marc A. Jr.	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 200 Saint Paul Place Baltimore Maryland 21202	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Office Hours - Service to State of Maryland (1) AND Individuals (12)
Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF

Signature of Attorney other Originator requesting service on behalf of:

Ryan Dillon-Capps

Digitally signed by Ryan Dillon-Capps
Data: 2024.12.17 19:46:55 -05'00'

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

703-303-1113

DATE

12/17/2024

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------------	--------------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Ensor, Judith C.	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 200 Saint Paul Place Baltimore Maryland 21202	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Office Hours - Service to State of Maryland (1) AND Individuals (12)

Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
--	---	----------------------------------	--------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DeGonia, Thomas M. II	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 200 Saint Paul Place Baltimore Maryland 21202	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Office Hours - Service to State of Maryland (1) AND Individuals (12)

Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF

Signature of Attorney other Originator requesting service on behalf of:

Ryan Dillon-Capps

Digitally signed by Ryan Dillon-Capps
Date: 2024.12.17 19:48:12 -05'00'

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

703-303-1113

DATE

12/17/2024

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------	--------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Bernstein, Tanya c.	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 200 Saint Paul Place Baltimore Maryland 21202	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Office Hours - Service to State of Maryland (1) AND Individuals (12)

Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF

Signature of Attorney other Originator requesting service on behalf of:

Ryan Dillon-Capps

Digitally signed by Ryan Dillon-Capps
Date: 2024.12.17 19:48:39 -05'00'

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

703-303-1113

DATE

12/17/2024

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------	--------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN State of Maryland	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 200 Saint Paul Place Baltimore Maryland 21202	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 29 Number of parties to be served in this case 29 Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Office Hours - Service to State of Maryland (1) AND Individuals (12)
Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF

Signature of Attorney other Originator requesting service on behalf of: Ryan Dillon-Capps <small>Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:49:02 -05'00'</small>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 12/17/2024
--	---	----------------------------------	--------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS